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01/03/2007

HOLLINGSWORTH & FUNK, LLC
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Rennae Johnson

(Depositor's name)



(Signature)

03/28/2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/804,471	03/19/2004	Paul Haefer	GUID.608PA	7214

TITLE OF INVENTION: MULTI-PARAMETER ARRHYTHMIA DISCRIMINATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAYNO, CARL HERNANDZ	3766	607-017000

04/03/2007 MBELETE2 00000065 503581 10804471

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page 1554

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cardiac Pacemakers, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

St. Paul, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3581 (GUID.608PA) of this form.

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Mark A. Hollingsworth

Date

3-28-07

Typed or printed name

Registration No.

38,491

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HAEFNER Examiner: Layno, C.
Serial No.: 10/804,471 Group Art Unit: 3766
Filed: March 19, 2004 Docket No.: GUID.608PA
(03-550)
Allowed: January 3, 2007 Confirmation No.: 7214
Title: MULTI-PARAMETER ARRHYTHMIA DISCRIMINATION

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this communication is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 28, 2007.

By: 
Rennae Johnson

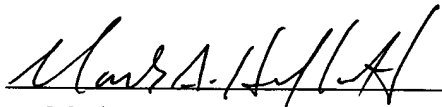
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Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet
- ☒ Please charge Deposit Account No. 50-3581 (GUID.608PA) the amount of \$1,700.00 (\$1400.00 for the Issue Fee and \$300.00 for the Publication Fee).
- ☒ Part B-Issue Fee Transmittal.
- ☒ 1 Return Postcard.
- ☒ If appropriate, charge Deposit Account No. 50-3581 (GUID.608PA) for any fee deficiency or overage.

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